Rev 5/98 IN UNIT	red states	FINANCIAL AFFIDAVET SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE OMAGISTRATE ODISTRICT APPEALS COURT OF OTHER PANEL (Specify below) FOR AT
PERSON REPRESENTED (Show your full name) 1		
ASSETS	EMPLOY- MENT	Are you now employed?
	OTHER INCOME	Spouse earn per month? \$ Guardian's approximate monthly income? \$ Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES
	PROP- ERTY	Have you any cash on hand or money in savings or checking accounts? Yes No IF YES, state total amount \$
MARITAL STATUS SINGLE Dependents MARRIED WIDOWED SEPARATED OR DIVORCED DEBTS & OR HOME: MONTHLY BILLS (LIST ALL CREDITORS, ENCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) FIC.) MARRIED WIDOWED SEPARATED OR DIVORCED Creditors Creditors S Creditors S S S S S S S S S S S S S		EPENDENTS MARRIED Married Monthly Paymt. EBTS & OR HOME: SEPARATED OR OR HOME: SEPA
I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) OR PERSON REPRESENTED)		